

**WISCONSIN MEDICAID
RURAL HEALTH CLINIC STATISTICAL DATA INSTRUCTIONS**

Wisconsin Medicaid requires information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to Medicaid administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is voluntary, but providers must collect and maintain all information on the form in some format if they wish to submit a cost report.

INSTRUCTIONS: The Rural Health Clinic Statistical Data form is to be completed by provider-based and independent rural health clinics (RHCs) and submitted to Wisconsin Medicaid along with the following forms, which constitute the annual cost report:

- Rural Health Clinic Trial Balance of Expenses, Reclassifications, and Adjustments form (for provider-based RHCs *only*).
- Rural Health Clinic Settlement Determination form (for provider-based and independent RHCs).
- Rural Health Clinic Commercial Insurance-Primary/Medicaid-Secondary Encounters Submitted to Medicaid HMOs form (for provider-based and independent RHCs).
- Rural Health Clinic Medicaid Encounters Submitted to Medicaid HMOs form (for provider-based and independent RHCs).

1. Reporting Period.

Enter the inclusive dates covered by this report.

2. Rural Health Clinic Information

Clinic Name, Address, and Medicaid Provider Number(s) — List the full name, address, the RHC Medicaid billing provider number, and any non-RHC Medicaid billing provider numbers.

3. Contact(s):

- a) List the name, title, telephone number, and fax number of the individual who should receive notices of adjustments, settlements, and other correspondence.
- b) Preparer of Report: List the name, title, telephone number, and fax number of an individual to be contacted if more information or clarification of the report is required.

4. Medicaid-Certified Providers Employed or Contracted by the Clinic

List the name, specialty, and Medicaid performing provider number of all providers employed by or contracted with the clinic during this reporting period. Include information for all Medicaid-certified providers. Add more sheets if needed.

5. Certification by Officer or Administrator of the Clinic

After the annual Medicaid RHC cost report has been completed in its entirety, it must be certified by the authorized individual who signs the Medicare RHC cost report.